

**2014 State Monthly Cobra Premium Rate**  
(includes 2% Administration Fee)

PLAN A				PLAN B			PLAN C			DELTA	SUPERIOR VISION	
COVERAGE TIER	BCBS	Coventry	UHC	BCBS	Coventry	UHC	BCBS	Coventry	UHC	Dental	Basic	Enhanced
Employee Only	\$562.06	\$563.67	\$560.62	\$561.14	\$562.69	\$559.84	\$424.83	\$425.05	\$424.61	\$34.99	\$4.45	\$8.89
Employee + Spouse	\$989.42	\$1,010.56	\$970.67	\$977.47	\$997.62	\$960.42	\$643.22	\$646.42	\$640.40	\$65.61	\$8.89	\$17.79
Employee + Child(ren)	\$953.04	\$970.05	\$937.94	\$943.40	\$959.64	\$929.69	\$637.92	\$640.50	\$635.65	\$62.48	\$8.02	\$16.01
Employee + Family	\$1,123.23	\$1,159.46	\$1,091.04	\$1,102.72	\$1,137.26	\$1,073.47	\$664.49	\$670.07	\$659.54	\$78.17	\$12.44	\$24.91